

# 3-31-05 PART B - FEE(S) TRANSMITTAL

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07278 7590

**DARBY & DARBY P.C.**  
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Name (Print) <u>William Garcia</u>	Signature <u>William Garcia</u>	(Depositor's name)
		(Signature)
		(Date)

04/01/2005 WABDEL3 00000121 10066317

01 FC:2501 02 FC:1504	700.00 OP 300.00 OP	FIRST NAMED INVENTOR David J. Christini	ATTORNEY DOCKET NO. 2650/1H784US1	CONFIRMATION NO. 9804
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TITLE OF INVENTION: INTRACARDIAC DETECTION AND CONTROL OF REPOLARIZATION ALTERNANS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700 1000.00	06/01/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOCKELMAN, MARK	3762	600-509000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  
 1 Darby & Darby  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) **Rec. 7/29/04 R/F: 014924/0602**  
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Cornell Research Foundation, Inc.**

**Ithaca, New York,**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

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☒ A check in the amount of the fee(s) is enclosed. \$1000.00  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
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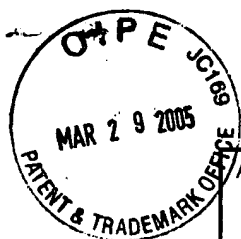
Date March 29, 2005

Typed or printed name David Leason

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Application No. (if known): 10/066,317

Attorney Docket No.: 02650/100H784-US1

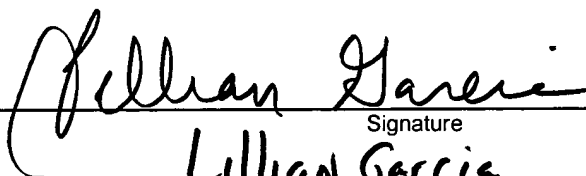
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